and severe (n = 25; 31%). **CONCLUSION:** Constipation was reported by approximately 25% of the hospice patients, a third of whom rated their constipation as severe. A substantial number of hospice patients may require aggressive management of constipation. This information may be useful as a process indicator of quality of care.

GASTROINTESTINAL DISORDERS—Health Care Use & Policy Studies

PGI24

RACIAL, SOCIAL, AND ECONOMIC DISPARITIES IN KNOWLEDGE AND CARE SEEKING BEHAVIORS FOR GASTRO-ESOPHAGEAL REFLUX DISEASE (GERD)

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OBJECTIVE: Assess knowledge and care seeking behaviors for gastro-esophageal reflux disease via a population-based approach. Identify variations in knowledge, attitude, and care seeking patterns between racial groups, while also investigating socio-economic disparities. **METHODS:** A questionnaire based upon previous work (Srinivansin, J Clin Gastro) was developed to assess knowledge, attitudes, and care seeking patterns for GERD and was translated into Chinese and Spanish. We worked with community and faith-based leaders to identify events for data collection. Four ethnic groups (White, Black, Asian, Hispanic) were compared. All descriptive and multivariate analyses were done using SAS 9.1. **RESULTS:** Although Hispanics had the highest prevalence rate for GERD, their familiarity with the condition was lower (61.2%), compared to Whites (68.9%) and Blacks (63.7%); Asians were the least familiar with GERD (44.6%) ($P < 0.0001$). There was a positive correlation between increased education level and awareness for GERD ($P < 0.0001$). In general, Whites were the most likely to recognize GERD symptoms and behaviors to control GERD, while Asians were the least likely. Blacks and Hispanics were more likely to go to the Emergency Room for severe heartburn compared to Asians and Whites ($P < 0.0001$). Asians were least likely to go see a doctor when presented with a complication of heartburn ($P < 0.0001$). A total of 40.8% of Asians and 35.5% of Hispanics indicated that cost and the lack of health insurance would prevent them from seeing a doctor, higher rates than Whites and Blacks ($P = 0.0073$). **CONCLUSION:** Minorities lack an equal understanding of GERD, compared to Whites. Asians were particularly inaccurate in assessing symptoms for GERD and were least likely to see a doctor. Further research should focus on improving minority understanding of GERD symptoms and at what point to consult a physician. The impact of cost and lack of insurance on care seeking behaviors amongst Hispanics and Asians should also be examined.

PGI25

COSTS OF A PRIOR AUTHORIZATION ON LUBIPROSTONE FOR ELDERLY (AGE > 65) PATIENTS WITH CHRONIC CONSTIPATION IN A MEDICARE PART D POPULATION

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OBJECTIVE: To examine pharmacy costs of a Prior Authorization (PA) on lubiprostone for elderly chronic constipation (CC) patients in a Medicare Part-D plan. **METHODS:** Cost impact of PA was calculated by estimating annual pharmacy cost differences with PA (PA administration costs + medication costs) and without PA (medication costs only). Model inputs included published estimates of CC prevalence; lubiprostone utilization from IMS Health, 2007; average PA approval rate, PA costs and co-payment from payer interviews; and lubiprostone wholesale acquisition costs. Annual medication costs in both scenarios included costs and utilization of lubiprostone less co-payment, assuming third-tier placement for lubiprostone. All previously rejected prescriptions were assumed to be approved after lifting PA, resulting in 21.24% increase in prescription volume. Sensitivity analyses were performed on PA cost, PA approval rate, and expected increase in prescription volume after lifting PA. **RESULTS:** CC prevalence was 14.7%, of which 1.14% were lubiprostone users. For a 1-million member plan, this resulted in 1264 PA requests costing $27 each. Annual cost of PA administration was $34,130. PA approval rate for the elderly was 77.7% (or 982 approved users). Average number of fills per person per year was 3.8. A 30-day lubiprostone prescription costed $28.40 ($86.40 WAC-$60 co-payment + $2 dispensing fee). Drug costs were $105,997, resulting in total annual cost with PA of $140,127. Total annual costs without PA were $128,506, based on an additional 209 users, resulting in annual savings of $11,621. Sensitivity analyses indicated break even scenarios from removing PA on lubiprostone when cost per PA > $17.81 or PA approval rate > 69.18%, or expected increase in prescriptions from lifting PA < 32.20%. **CONCLUSIONS:** PA program for lubiprostone offers no financial savings to a Medicare plan based on current approval rates and annual utilization for elderly patients with CC in the base case as well as in sensitivity analyses.

PGI26

FINANCIAL IMPACT OF LIFTING A PRIOR AUTHORIZATION ON LUBIPROSTONE FOR CHRONIC CONSTIPATION PATIENTS IN A COMMERCIAL MANAGED CARE POPULATION (AGE < 65 YEARS)

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OBJECTIVE: To examine pharmacy costs of a Prior Authorization (PA) restriction on lubiprostone for chronic constipation (CC) patients in a commercial managed care plan. **METHODS:** Cost impact of PA was calculated by estimating annual pharmacy cost differences with PA (medication costs + PA administration) and without PA (medication costs only). Model inputs included CC prevalence estimates from the literature; lubiprostone utilization from IMS Health, 2007; average PA approval rate, PA costs and co-payment from managed care interviews; and lubiprostone wholesale acquisition costs. Annual medication costs in both scenarios included costs and utilization of lubiprostone less co-payment, assuming third-tier placement for lubiprostone. All previously rejected prescriptions were assumed to be accepted after lifting PA, resulting in 11.36% increase in prescription volume. Sensitivity analyses were performed on cost per PA, PA approval rate, and expected increase in prescription volume after lifting PA. **RESULTS:** CC prevalence was 14.7%, of which 1.14% were lubiprostone users. For a 1-million member plan, this resulted in 1264 PA requests costing $27 each. Annual cost of PA administration was $34,130. PA acceptance rate was 81.90% (or 1035 approved users). Average number of fills per person per year was 3.8. A 30-day lubiprostone prescription costed $43.40 ($86.40 WAC-$45 co-payment + $2 dispensing fee). Drug costs were $170,737, resulting in total annual cost with PA of $204,867. Total costs without PA were $190,125, based on additional 118 approved users, resulting in annual savings of $14,742. Sensitivity analyses indicated break even